

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/586,032</div>		FILING DATE <div style="font-size: 1.2em;">7-13-06</div>				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51				1		
2		1					52				1		
3		2					53				1		
4		0					54				1		
5		0					55				1		
6		0					56				1		
7		0					57			1			
8		0					58						
9		1					59						
10		1					60						
11		1					61						
12		0					62						
13		0					63						
14		1					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		1					75						
26		1					76						
27	1		1				77						
28							78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓	2	↓		↓	
TOTAL DEP.	26	←		←		←	TOTAL DEP.	←	28	←		←	
TOTAL CLAIMS	28						TOTAL CLAIMS		30				